



Hartman/Mirror High Adventure August 1 – 6, 2021



Fees:

\$200.00 per person
(includes camping fees, & transportation)

Locations

- Hartman Creek State Park - 3 nights (8/1- to 8/4)
- Mirror Lake State Park - 2 nights - (8/4 to 8/6)

Activities:

- Canoeing (MB work possible)
- Mountain Biking
- Cooking MB
- Crystal River canoeing in a dinghy canoe
- Dells Water Park
- Dells Ducks
- Swimming
- Fishing
- *Waivers may be required for some activities.*
- *Detailed itinerary of activities to follow.*

Emergency Contacts:

Terry Hoepfner 262-309-8497
Jerry Langenecker 414-573-9724

Leadership:

Terry Hoepfner

Requirements:

- Completed BSA health form for all attendees
- Scout must have attended a long-term camp (such as Long Lake) or Father is required to attend with Scout

Bring:

- Bag lunch for Sunday travel
- Packing list to follow

Don't Bring:

- Radios or Electronics
- Sheath knives
- Fireworks
- Cell phones
- Uniform

*Adults and parents
are always welcome
to attend!*

Travel Plans:

Meet at St. John's Sunday at 7:00 am
Return to St. John's Friday at 6:00 PM.

Return PS, health form, and \$200 fee to the Baden-Powell Party on July 6, 2021, making checks payable to Terry Hoepfner.

Potawatomi County Council Troop 16

Boy Scouts of America

I hereby grant permission for my son, _____ to go to **Hartman Creek/Mirror Lake High Adventure trip on August 1 to 6, 2021** under the leadership of Terry Hoepfner. I understand swimming, canoeing, and other water activities may be included. **We will meet at St. John's on Sunday, August 1 at 7:00 am and return to St. John's on Friday, August 6 at 6:00 pm.**

- | | |
|--|---|
| <input type="checkbox"/> Father/Mother will go | <input type="checkbox"/> We can transport _____ persons |
| <input type="checkbox"/> Father/Mother will not go | <input type="checkbox"/> Any condition now requiring medication or treatment: |
| <input type="checkbox"/> Father or Mother can drive out | _____ |
| <input type="checkbox"/> Father or Mother can drive back | |

Circle T-shirt size: Med Lg XL 2XL (adult sizes)

During this time, I may be reached at:

_____ (_____) _____
Address City Phone

In the event I cannot be reached and emergency medical treatment is required, you may contact:

_____ OR
Name Phone

You may authorize medical authorities to prescribe such treatment.

Date ____/____/____ Signed _____

Return PS, health form, and \$200 fee to the Baden-Powell Party on July 6, 2021, making checks payable to Terry Hoepfner.